

**Physical Therapy.** Physical Therapy is the application of specialized treatments such as natural forces, heat, exercise and certain mechanical devices necessary to further develop or maintain essential basic skills. Physical Therapy is available to EPSDT eligible consumers who will derive on added coordination and continuity of care benefit from the opportunity to receive all eligible therapies at one site. . This service may be offered in a clinic setting or in the community. Provider qualification coincides with 42 CFR 440.110.

**Speech and Hearing Therapy.** Speech and hearing therapy is the provision of treatments designed to improve speech and hearing defects that interfere with the customer's overall ability to function. Speech and Hearing Therapy is available to EPSDT eligible consumers who will derive on added coordination and continuity of care benefit from the opportunity to receive all eligible therapies at one site. . This service may be offered in a clinic setting or in the community. Provider qualification coincides with 42 CFR 440.110.

**Activity Therapy.** Activity Therapy are interventions that are goal-oriented and specifically designed to restore or maintain the functional abilities of children in need of mental health and substance abuse/alcohol abuse services who have cognitive, emotional, social or physical impairments. Modalities may include therapeutic recreation, which are determined to be medically necessary by the physician and matched with the individual's consumer's needs, strengths and preferences. The benefits of children and adolescents in need of mental health and substance abuse/alcohol abuse services might receive from this service include: improvement in interpersonal relationships and social skills, heightened attention and concentration, improved ability to identify and articulate feelings, reduction of anxiety and tension, distraction from negative symptoms of behavioral health problems, decreased aggressive behaviors, and strengthening consumers' social/natural supports. Provider qualifications to provide these services are ensured by provider compliance with requirements and standards of the national accreditation Joint Commission on Accreditation for Healthcare Organizations (JCAHO), Commission on Accreditation for Rehabilitation Facilities (CARF), Council on Accreditation of Services for Children and Families, Inc. (COA), Council on Quality Leadership (CQL), and/or State certification. . This service may be offered in a clinic setting or in the community. Providers are required to meet all applicable licensure and certification requirements, hold a current license and adhere to scope of practice definitions of licensure boards.

**Day Treatment for Children and Adolescents with Severe Emotional Disturbances.** An organized program to develop skills, provide support and foster rehabilitation and recovery through a range of social, educational, behavioral and psychosocial rehabilitative interventions; the services are based on recovery and self-sufficiency; they rely on cognitive-behavioral interventions. Services may be provided after-school, weekend or summer. Services may include counseling and training (individual, group, and family), skill and socialization training, which focus on the amelioration of functional

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and behavioral deficits. Parent education and training is intended to assist and support the EPSDT eligible consumer's Individual Service Plan (ISP) goals. Parent education and training may include instruction on how to appropriately manage and respond to the consumer's behavioral health symptoms or how to monitor and report the consumer's response to medication(s) and understand the possible side effects. Child and Adolescent Day Treatment Services are available to EPSDT eligible recipients. Medical necessity criteria for these services reflect special treatment approaches designed for EPSDT eligible consumers requiring mental health treatment. Family counseling focuses on the needs and problems of the consumer and how to assist the consumer in the resolution of the consumer's identified problems. Goals of the services are directed toward the amelioration of functional and behavioral deficits (i.e. stabilization of psychiatric concerns) which the child or adolescent may be experiencing as a result of mental health or substance abuse/alcohol abuse problem. Skill building may involve teaching a child with aggressive behavior how to behave more appropriately. Provider qualifications to provide these services are ensured by provider compliance with requirements and standards of the national accreditation Joint Commission on Accreditation for Healthcare Organizations (JCAHO), Commission on Accreditation for Rehabilitation Facilities (CARF), Council on Accreditation of Services for Children and Families, Inc. (COA), Council on Quality Leadership (CQL), and/or State certification. . This service is offered in a clinic setting. Providers are required to meet all applicable licensure and certification requirements, hold a current license and adhere to scope of practice definitions of licensure boards.

**Substance Abuse Adolescent Day Treatment.** This service involves a structured day or evening treatment program providing essential education and treatment components while allowing the consumers to apply their newly acquired skills within "real world" environments. Services are offered by a multi-disciplinary team, which is able to interpret the needs of adolescents, who are knowledgeable about adolescent growth and development, and who understand the biopsychosocial dimensions and family dynamics of alcohol and other drug dependence. Substance Abuse Adolescent Day Treatment Service is available to EPSDT eligible recipients. Medical necessity criteria for these services reflect special treatment approaches designed for EPSDT eligible consumers requiring substance abuse/alcohol abuse treatment. Skill building, consumer education and socialization training may be considered as treatment measures. Treatment is time-limited, intensive and provided by a multi-disciplinary team. Provider qualifications to provide these services are ensured by provider compliance with requirements and standards of the national accreditation Joint Commission on Accreditation for Healthcare Organizations (JCAHO), Commission on Accreditation for Rehabilitation Facilities (CARF), Council on Accreditation of Services for Children and Families, Inc. (COA), Council on Quality Leadership (CQL), and/or State certification. . This service may be offered in a clinic setting or in the community. Providers are required to meet all applicable licensure and certification requirements, hold a current license and adhere to scope of practice definitions of licensure boards.

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**Intensive Family Intervention**. This is a time limited intensive mental health interventions delivered to children and youth and intended to stabilize the living arrangement, promote reunification or prevent the utilization of out of home therapeutic resources (i.e. psychiatric hospital, therapeutic foster care, residential treatment facility) for the identified individual. These services are delivered primarily to children in their family's home with a family focus to: evaluate and stabilize the child and family who need intense mental health treatment and supports and improve the consumer's ability to care for self, as well as the parent's or legal guardian's capacity to care for their children. Services may include individual and/or family therapy, behavior management, adaptive skills training, and other rehabilitative services to prevent the need for an out of home, more restrictive services. Services are directed towards the identified individual. Provider qualifications to provide these services are ensured by provider compliance with requirements and standards of the national accreditation Joint Commission on Accreditation for Healthcare Organizations (JCAHO), Commission on Accreditation for Rehabilitation Facilities (CARF), Council on Accreditation of Services for Children and Families, Inc. (COA), Council on Quality Leadership (CQL), and/or State certification. . This service is community-based. Providers are required to meet all applicable licensure and certification requirements, hold a current license and adhere to scope of practice definitions of licensure boards.

### **Limitations**

The covered services are available only to Medicaid eligible recipients with a written service plan, which contains medically necessary services recommended by a physician or other practitioners operating within the scope of state law. Prior approval is required for service beyond the Initial Authorization limits.

### **Prior Approval**

Each service has an initial authorization for level of benefit. Services, which exceed the limitation of the initial authorization listed below, must be approved for re-authorization prior to service delivery. A unit of service is defined as 15 minutes unless otherwise specified.

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State/Territory: GEORGIA

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED  
MEDICALLY'NEEDY GROUP(S): ALL

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The following ambulatory services are provided.

Outpatient Hospital  
Rural Health Clinic  
Laboratory and X-ray  
EPSDT  
Family Planning  
Physician  
Podiatry  
Optometry  
Other Practitioners  
    a. Psychology for Under 21  
Ambulatory Surgical Center Services  
Home Health (including DME)  
Clinic Services  
    a. Family Planning  
Dental  
Prescribed Drugs  
Dentures for Under 21  
Prosthetics & Orthotics(including Hearing Aids)  
Eyeglasses  
Nurse-Midwife  
Case Management  
    a. Mental Health/Mental Retardation/Substance Abuse  
Extended Services to Pregnant Women  
Transportation  
    a. Emergency Ambulance  
    b. Non-Emergency

\*Description provided on attachment.

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State/Territory: GEORGIA

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED  
MEDICALLY'NEEDY GROUP(S): ALL

1. Inpatient hospital services other than those provided in an institution for mental diseases.

☒ Provided: ☐ No limitations ☒ With limitations\*

2.a. Outpatient hospital services.

☒ Provided: ☐ No limitations ☒ With limitations\*

b. Rural health clinic services and other ambulatory services furnished by a rural health clinic which are otherwise covered under the plan.

☒ Provided: ☐ No limitations ☒ With limitations\*

c. Federally qualified health center (FQHC) service and other ambulatory services that are covered under the plan and furnished by an FQHC in accordance

with section 4231 of the State Medicaid Manual (HCFA-Pub. 45-4).

☒ Provided: ☐ No limitations ☒ With limitations\*

3. Other laboratory and x-ray services.

☒ Provided: ☐ No limitations ☒ With limitations\*

4.a. Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older.

☒ Provided: ☐ No limitations ☒ With limitations\*

b. Early and periodic screening, diagnostic and treatment services for individuals

under 21 years of age, and treatment of conditions found.\*

☒ Provided:

c. Family planning services and supplies for individuals of childbearing age.

☒ Provided: ☐ No limitations ☒ With limitations\*

\*Description provided on attachment 3.1-A, limitations supplement.

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State/Territory: GEORGIA

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED  
MEDICALLY'NEEDY GROUP(S): ALL

- 
5. a. Physicians' services, whether furnished in the office, the Patient's home, a hospital, a nursing facility, or elsewhere.

Provided With limitations\*

- b. Medical and surgical services furnished by a dentist (in accordance with section 1905(a)(5)(B) of the Act).

Provided:      No limitations   X   with limitations:

\*Description provided on attachment.

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TN No: 92-03

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State/Territory: GEORGIA

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED  
MEDICALLY 'NEEDY GROUP(S): ALL

6. Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law.

a. Podiatrists' Services

☒ Provided: ☐ No limitations ☒ With limitations\*

b. Optometrists' Services

☒ Provided: ☐ No limitations ☒ With limitations\*

c. Chiropractors' Services

☐ Provided: ☐ No limitations ☐ With limitations\*

d. Other Practitioners' Services

☒ Provided: ☐ No limitations ☐ With limitations\*

e. Ambulatory Surgical Center Services ☐ With limitations\*

7. Home Health Services

- a. Intermittent or part-time nursing service provided by a home health agency or by a registered nurse when no home health agency exists in the area.

☒ Provided: ☐ No limitation ☒ With limitations\*

- b. Home health aide services provided by a home health agency.

☒ Provided: ☐ No limitation ☒ With limitations\*

- c. Medical supplies, equipment, and appliances suitable for use in the home.

☒ Provided: ☐ No limitations ☒ With limitations\*

- d. Physical therapy, occupational therapy, or speech pathology and audiology services provided by a home health agency or medical rehabilitation facility.

☒ Provided: ☐ No limitations ☒ With limitations\*

\*Description provided on attachment.

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State/Territory: GEORGIA

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED  
MEDICALLY 'NEEDY GROUP(S): ALL

8. Private duty nursing services.

☐ Provided: ☐ No limitations ☒ With limitations\*

9. Clinic Services.

☒ Provided: ☐ No limitations ☒ With limitations\*

10. Dental services.

☒ Provided: ☐ No limitations ☒ With limitations\*

11. Physical therapy and related services.

a. Physical therapy.

☒ Provided: ☐ No limitations ☒ With limitations\*

b. Occupational therapy.

☒ Provide: ☐ No limitations ☒ With limitations\*

c. Services for individuals with speech, hearing and language disorders provided by or under supervision of a speech pathologist or audiologist.

☒ Provided: ☐ No limitations ☐ With limitations\*

12. Prescribed drugs, dentures, and prosthetic devices; and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist.

a. Prescribed drugs.

☒ Provided: ☐ No limitations ☒ With limitations\*

b. Dentures.

☒ Provided: ☐ No limitations ☒ With limitations\*

\*Description provided on attachment. 3.1-A

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AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED  
MEDICALLY'NEEDY GROUP(S): ALL

c. Prosthetic Devices.

☒ Provided ☐ No limitation ☒ With limitation\*

d. Eyeglasses

☒ Provided ☐ No limitations ☒ With limitations\*

13. Other diagnostic, screening, preventive, and rehabilitative services, i.e., other than those provided elsewhere in this plan.

a. Diagnostic services.

☒ Provided ☐ No limitations ☒ With limitations\*

b. Screening services.

☒ Provided ☐ No limitations ☒ With limitations\*

c. Preventive services.

☒ Provided ☐ No limitations ☒ With limitations\*

d. Rehabilitative services

☒ Provided ☐ No limitations ☒ With limitations\*

14. Services for individuals 65 or older in institutions for mental disease.

a. Inpatient hospital service.

☐ Provided ☐ No limitations ☐ With limitations\*

b. Nursing facility services.

☐ Provided ☐ No limitations ☐ With limitations\*

\*Description provided on attachment.

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AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED  
MEDICALLY NEEDY GROUP(S): ALL

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c. Intermediate care facility services.

   Provided    No limitations    With limitations\*

- 15.a. Intermediate care facility services (other than such services in an institution for mental diseases) for persons determined in accordance with section 1902(a)(31)(a) of the Act, to be in need of such care.

  X   Provided    No limitations   X   With limitations\*

- b. Including such services in a public institution (or distinct part thereof) for the mentally retarded or persons with related conditions.

  X   Provided    No limitations   X   With limitations\*

16. Inpatient psychiatric facility services for individuals under 22 years of age.

   Provided    No limitations    With limitations\*

17. Nurse-midwife services.

  X   Provided    No limitations   X   With limitations\*

18. Hospice care (in accordance with section 1905(o) of the Act).

  X   Provided    No limitations   X   With limitations\*

\*Description provided on attachment.

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AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED  
MEDICALLY'NEEDY GROUP(S): ALL

19. Case management services and Tuberculosis related services

- a. Case management services as defined in, and to the group specified in, Supplement 1 to ATTACHMENT 3.1-A, (in accordance with Section 1905(a)(19) or Section 1915(g) of the Act).

☐ Provided ☐ No limitations ☐ With limitations\*

Not provided.

- b. Special tuberculosis (TB) related services under Section 1902(z)(2) of the Act.

☐ Provided ☐ No limitations ☐ With limitations\*

☐ Not Provided.

20. Extended services for pregnant women.

- a. Pregnancy related and postpartum services for a 60-day period after the pregnancy ends and for any remaining days in the month in which the 60th day falls.

☐ Provided: ☐ Additional coverage

- b. Services for any other medical conditions that may complicate pregnancy.

☐ Provided: ☐ Additional coverage++ ☐ Not provided.

21. Certified pediatric or family nurse practitioners' services.

☐ Provided: No limitations ☐ With limitations\*

☐ Not provided.

+ Attached is a list of major categories of services (e.g., inpatient hospital, physician, etc.) and limitations on them, if any, that are available as pregnancy-related services or services for any other medical condition that may complicate pregnancy.

++ Attached is a description of increases in covered services beyond limitations for all groups described in this attachment and/or any additional services provided to pregnant women only.

\*Description provided on attachment.

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AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED  
MEDICALLY'NEEDY GROUP(S): ALL

22. Respiratory care service.(in accordance with section 1902(e) (9) (A) through (C) of the Act).

☐ Provided ☐ No limitations ☐ With limitations\*

☒ Not provided.

23. Any other medical care and any other of remedial care recognized under State law, specified by the Secretary.

a. Transportation.

☒ Provided ☐ No limitations ☒ With limitations\*

b. Service of Christian Science nurses.

☐ Provided ☐ No limitations ☐ With limitations\*

c. Care and services provided in Christian Science sanatoria.

☐ Provided ☐ No limitations ☐ With limitations\*

d. Skilled nursing facility services provided for patients under 21 years of age.

☒ Provided ☐ No limitations ☒ With limitations\*

e. Emergency hospital services.

☐ Provided ☐ No limitations ☐ With limitations\*

f. Personal care services in recipient's home prescribed In accordance with a plan of treatment and furnished by a qualified person under supervision of a registered nurse.

☐ Provided ☐ No limitations ☐ With limitations\*

\*Description provided on attachment 3.1-A.

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State/Territory: GEORGIA

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED  
MEDICALLY'NEEDY GROUP(S): ALL

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24. Home and Community Care for Functionally Disabled Elderly Individuals, as defined, described and limited in Supplement 2 to Attachment 3.1-A, and Appendices A-G to supplement 2 Attachment 3.1-A.

     Provided        X   Not Provided

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POLICY AND METHODS FOR ESTABLISHING PAYMENT RATES FOR OTHER  
TYPES OF CARE FOR SERVICES

B. Clinic Services

1. Family Planning Services

Pre-established rates are based on actual costs information submitted from the Division of Physical Health, Department of Human Resources, to the Department of Community Health. Reimbursement is provided at a flat rate for initial, annual, and follow-up visits. There is no retroactive settlement. Reimbursement rates are based on the lesser of actual reasonable costs of the limitations set forth in 42 CFR 447.325.

C. Community Mental Health Services

Effective July 1, 1999, the Department adopted statewide, fee-for-service, reimbursement rates for each procedure code in the Community Mental Health Program. Rates are calculated from statewide median base year cost documented in provider cost reports. The Department may in subsequent years and subject to legislative appropriation, re-calculate the base year using updated cost report data, or adjust the base year using a HCFA accepted inflation factor.

Rates for new procedure codes will be established based on estimated cost and expected utilization data. New procedure rates are also compared to other public sector fee-for-service rates and utilization from other southeastern states. Reimbursement rates will be lower than the limitations set forth in 42 CFR 447.325.

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Community Mental Health Procedures Effective July 1, 2001	Unit	Initial Authorization Units
Diagnostic Assessment	15 minutes	16
Intensive Day Treatment	1 hour	50
Ambulatory Detoxification	15 minutes	60
Nursing Assessments and Care	15 minutes	16
Physician Assessment and Care	15 minutes	12
Physical Therapy	15 minutes	12
Speech and Hearing Therapy	15 minutes	12
Occupational Therapy	15 minutes	12
Activity Therapy	15 minutes	360
Medication Administration	15 minutes	12/30 (for children)
Clinic-Based Crisis Management	15 minutes	16
Out of Clinic Crisis Management	15 minutes	16
Family Outpatient Services	15 minutes	24
Group Outpatient Services	15 minutes	32
Individual Outpatient Services	15 minutes	24
Day Treatment for Children and Adolescents with SED	1 Hour	450
Intensive Family Intervention	1 Hour	
Substance Abuse Adolescent Day Treatment	1 hour	450
Peer Supports	1 Hour	Unlimited
Day Supports	1 Hour	600
Assertive Community Treatment	1 Hour	90
Psychosocial Rehabilitation	1 Hour	450
Substance Abuse Intensive Outpatient Services	1 Hour	450
Community Support-Individual	15 minutes	200
Community Support-Team	1 hour	450
Crisis Residential Services	4 hours	18
Residential Rehabilitate Supports	1 Day	90

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